

Iowa Board of Nursing

400 SW 8TH Street, Suite B
Des Moines, IA 50309-4685

SUPERVISING IN HEALTH CARE FACILITIES LPN SUPERVISORY COURSE WAIVER REQUEST FORM

NAME:		LICENSE NUMBER:
		STATE OF LICENSE:
ADDRESS:		
CITY:	STATE:	ZIP:
PRIMARY PHONE #	EMAIL ADDRESS	
EMPLOYER NAME AND LOCATION:		
REASON FOR REQUEST: <input type="checkbox"/> Completion of the ONLINE Course by this date: _____ The web site is: www.celearningnetwork.com/individual-ce-courses Under Individual CE Courses choose "State Required Courses" and then "Supervisory Course for Iowa's Licensed Practical Nurses" <input type="checkbox"/> Full time student. School name: _____ Credit hours, _____ Expected graduation date: _____ If you do not complete the RN Program or do not become licensed as a RN, you will be required to take the ONLINE LPN Supervisory Course <u>immediately</u> . No extensions will be granted for additional classes or retaking the examination. <input type="checkbox"/> Part time student. <u>No waivers</u> are allowed for Part time students; please choose the first option above. <input type="checkbox"/> Other: _____		

SIGNATURE: _____

DATE: _____

Completed waiver request forms must be submitted to the Iowa Board of Nursing, ATTN: LPN Supervisory Course either by mail to: 400 SW 8th St., Suite B, Des Moines, IA 50309 or fax 515-281-4825 or email: ibon@iowa.gov.

Failure to comply with IAC 6.5(1) b. (2) could result in disciplinary action against your license.

FOR OFFICE USE ONLY	
WAIVER APPROVED: YES <input type="checkbox"/> NO <input type="checkbox"/>	LENGTH:
DATE:	THRU:
REASON DENIED:	
PROCESSED BY:	PHONE #